

UT Southwestern Department of Radiology

Protocol Name: CTA Abd/Pel/Lower Ext-AOLL

Orderable Name: CT ANGIOGRAM ABD PEL AND LWR EXT (RUNOFF) W AND/OR WO IV CONT

Adult Only

Epic Button: CTA Abd/Pel/Lower Ext-AOLL

CTDIvol < 60 mGy

Indications: Aneurysm, Poor Circulation, Vascular Abnormality, Peripheral Arterial Disease

Acquisitions: 2

Active Protocol

<p>Oral Contrast: None</p>	<p>IV Contrast: Link to Contrast Information</p> <p>Rate (mL/sec): 4</p> <p>Volume (mL): 100</p> <p>IV Access: Power injection: 20g or larger in large vein (prefer AC fossa or forearm)</p> <p>Notes: Bolus tracking: 150 HU in abdominal aorta @ supra-renal level, initiate scan 8 sec after trigger. (send bolus tracker to PACS).</p>	<p>Other Contrast: None</p>
<p>Airway Full inspiration</p>		
<p>Other Notes Read by VIR division Consult body habitus kVp selection chart. Place feet with heels together and toes pointing outward if possible-like a duck. (May tape them together if needed.) UTSW: Check attenuation of the suprarenal aorta (same location as bolus tracking) on the arterial phase at the time of scan. If HU < 250 HU, call radiologist to determine next steps and document in tech note.</p>		

Last Change: 10/27/2022

Last Review: 2/9/2022

Links: [kVp Body Chart](#) [General Statements](#) [CTA aorta parameter table 8-22 update](#)

Special Instructions	Send volume to TeraRecon.	Send volume to TeraRecon.
Acq # / Series Name	1 Early Arterial	2 Delayed
Phase Timing	Bolus tracking	Immediate after arterial
Acquisition Protocol	Vascular	Vascular
Coverage	Top of diaphragm to toes	Above knee to toes
FOV	Skin to skin at widest portion of patient	Skin to skin at widest portion of patient
Algorithm	Soft Tissue	Soft Tissue
Primary Axial Recon	2 mm, 1 mm	2 mm, 1 mm
Other Recons	2 mm coronal and sagittal (A/P Only)	
MIP Recons		
*Dual Energy Philips	mono E 40 1mm axial, SBI	mono E 40 1mm axial, SBI
*Dual Energy Siemens		



* When dual energy or spectral CT is used